SUBMIT: CON PLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

SO X8= 5 **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

OCT 1 1 2021

Bayfield Co. Planning and Zoning Agency

150,00	1 1000
Permit #:	0/0220
Date:	10-0X-XX
Amount Paid:	\$150.00
Other: —	JIG
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CO						APPLICANT. O	riginal	Application <u>N</u>	/ / / <mark>//UST</mark> be	submitted	FILL OU	T IN INK	NO PE	ENCIL)
TYPE OF PERMIT	REQUESTE	D +>	X LAN	D USE	SANITA	A STATE OF THE PARTY OF THE PAR	□ cor	NDITIONAL US	ARTHUR CASHIC CINTING	PECIAL USE	□ B.O.A.	□ OTH	ER	
Owner's Name: ANDREW	SCH	EIT	- P			g Address: LYNDHU	OCT		ity/State/		NC 201	Tel	ephone:	
Address of Propert	y:	VELL				v/State/Zip:	3	1		LOTTE,	NC ZO			
20145 5		JUND.	RD			MA	SON	, WI	54	856			ll Phone:	
Email: (print clear	ANI	REL	MAR.	K. SCH	NEIDI	ER @ GMA	IL.C	OM				1	15-22	0-2661
Contractor:					Contra	ctor Phone:	P	lumber: 🤰	7.45	1.		Plu	mber Ph	none:
MILLIANSON Authorized Agent:				16. 6		558-8885		NORY RA				711	5-798	3-3355
Owner(s))	(Person Sign	ing Applic	ation on bena	IT OT	Agent	Phone:	A	gent Mailing Ad	ldress (incl	ude City/State	e/Zip):			thorization for Agent)
PROJECT LOCATION	egal Descr	ription:	(Use Tax Sta	atement)	<u>Ta</u>	×ID#	2 2	8		Rec	corded Docur	nent: (Show		ership)
. 1 . /	1)	Gov	/'t Lot	Lot(s)	CSM	TENT PROFILE	SM Doc#	Lot(s)	# ВІ	ock # Suk	odivision:			
NW1/4, DL	1/4					-		. 1						
Section	_ , Townsh	nip <u>46</u>	N, Ran	nge <u>06</u>	_ w	Town of:	NAS	ON		Lot	Size		Acreage	D
			and within i			ream (incl. Intermitte		Distance Struc	cture is fr		CT 0 1	our Proper	- Δ	re Wetlands
☐ Shoreland →				•		ond or Flowage		Distance Struc	cture is fr		ALD CAN	Zone?		Present? Ves
				1111		yescontinue —	▶ ,				feet	☐ Yes		□ No
X Non- Shoreland		7.	2.74			70. 5	Ý.	-1-44						
Value at Time										EVEN A PANALAMAN				
of Completion				Pro	ject	Project		Total # of bedrooms			nat Type of			Type of
* include donated time		Projec	t		tories	Foundation	1	on				ary System(s) property <u>or</u>		Water on
& material								property			n the prop			property
1	□ New	Constr	uction	☐ 1-St	-	☐ Basement		1 1 0 0 3		nicipal/City				☐ City
\$ 50,000	XAddi	tion/Al	teration		☐ 1-Story + ☐ Foundation ☐ X 2 ☐ (New) Sanitary Specify Type:			rpe:		¥Well				
180,000	□ Conv	ersion		🗙 2-St	ory	 ★ Slab		□ 3	☐ Sanitary (Exists) Specify Type:					
			isting bldg)	<u> </u>						y (Pit) or			gallon)	-
	☐ Run a		ess on		7	Use ☐ Year Rour	nd .	☐ None		table (w/seinpost Toile		contract)		
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Evilation Charles						PART-TIN								
Proposed Cons					ing applie	d for) Length		6'	Width:	201		Height:	8	
		(000)	an annensio	113)		cengui		2	wiutii.	15		Height:		1
Proposed	Use	1				Proposed St	ructure	•			Dimer	sions	A Company	Square Sootage
*						tructure on prop	- ' '		- 1/251	75-	(x)	u de comment	ootage
w.		×	Residen			ing shack, etc.)	ADD.	TNG 2NO	Floo	R		20')	V	440
X Residentia	al Use			with L	oft Porch					44.4	(X			
					Porch 2 nd) Porc	ch					(X			
		×		with a		1,50		_	H			15')		180
☐ Commerci	al Hea				2 nd) Dec	k					(X			
_ commerci	ai USE	_		with A	ttached	Garage	30	m X			(x	no.		
	□ Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) (X)					10								
				lome (ma			19-11	11.0		0	(X)		
☐ Municipal	Use	X		/Alteration			Bed	gons To	2 and	FloraR		201	7	W
				ry Building			- Ma	in vec	1			15 1	18	W .
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			Special L	Jse: (explai		LIFT					(X			
			Camalin								/ V	1	1	
- 05			Conditio Other: (e		explain) _	TEN TOPIC					(x		-	

property at any reasonable time for the purpose of inspection.			nave access to the above descr
Owner(s):	zation must accompany this application)	Date	10-4-2021
Authorized Agent:	(See Note below)	Date	

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 1912 LYNDHURST

Attach

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

(1) **Show Location of: Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*):

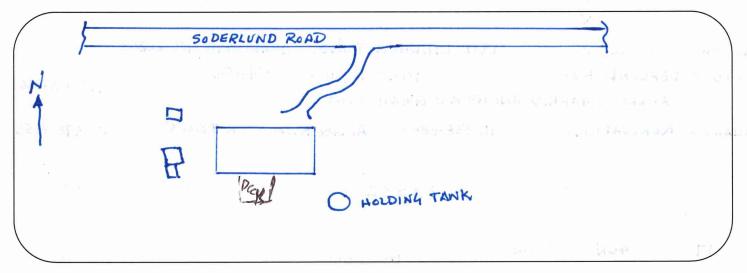
Fill Out in Ink - NO PENCIL (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4)Show: (5) Show: All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6)

Show any (*): (7)

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description Setback Measurements		Description	Setback Measurements		
Setback from the Centerline of Platted Road	300	Feet	Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	270	Feet	Setback from the River, Stream, Creek	-	Feet
			Setback from the Bank or Bluff	_	Feet
Setback from the North Lot Line	270	Feet			
Setback from the South Lot Line	1600	Feet	Setback from Wetland	7.	Feet
Setback from the West Lot Line	1100	Feet	20% Slope Area on the property	☐ Yes	×No
Setback from the East Lot Line	200	Feet	Elevation of Floodplain		Feet
W Allegy programs	1			- ×, · ·	1 1
Setback to Septic Tank or Holding Tank	340	Feet	Setback to Well	32	Feet
Setback to Drain Field		Feet	N X Y	1	4.0
Setback to Privy (Portable, Composting)		Feet			

ther previously surveyed corner or marked by a licensed surveyor at the owner's exper

ior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minim arked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

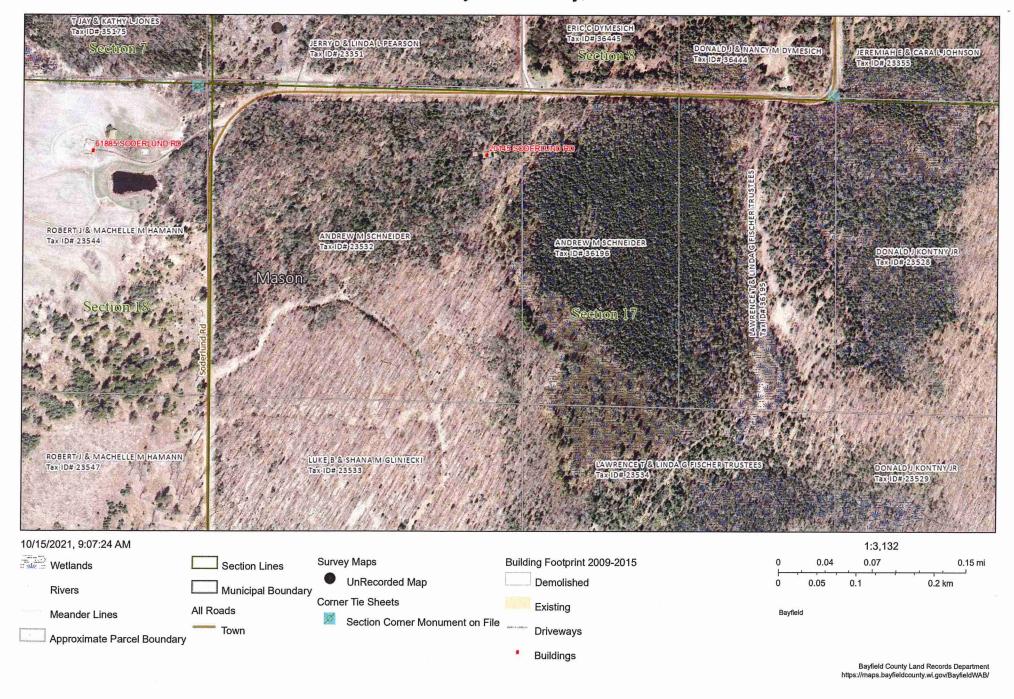
All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 2	1-1425	# of bedrooms: 2	Sanitary Date: 9/7/21	
Permit Denied (Date):	Reason for Denial:		berger alle		
Permit #: 21-0358	Permit Date: 10-0	37-21	360-077, DC		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigu	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Attached Yes No	
Granted by Variance (B.O.A.) □ Yes ✓ No Case #: Previously Granted by Variance (B.O.A.) □ Yes ✓ No Case #:					
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	Yes	
Inspection Record:		3910-PLU	95	Zoning District (F-/)	
DIF		1		Lakes Classification (11/14)	
Date of Inspection: 10/12/11	Inspected by:	//		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) - Build as proposed - Get Required UDC inspections					
Signature of Inspector:				Date of Approval:	
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗌	Hold For Fees:	<u> </u>	

Bayfield County, WI

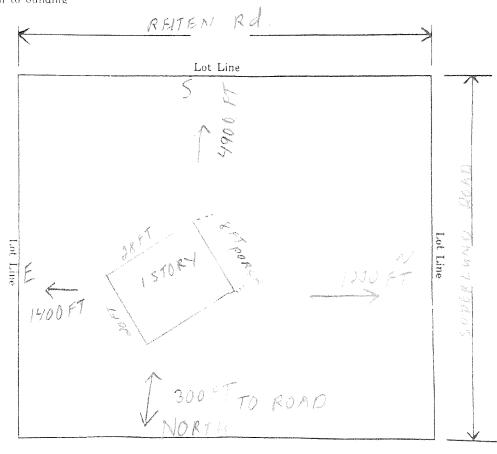




APPLICATION FOR PERMIT Courthouse Annex P.O. Box 58 117 East Sixth St.

Section Sect	Application No. 3910 Date Zoning District F. (SANITARY CONDITIONAL SPECIAL
Land: NW 1/4 of NW 1/4 of Sec 17	T. 76 N. R. 6 W. Town of Major
Name LARRY T FISCHER	Fire Number Self
Address P. O BOX 621 ASHLAI	MD Plumber NA
Telephone 715-682-9393	Well Driller NA
Structure New Addition	Number of Stories
Barement — Yes No	Square Feet of Floor Space 560
Structure Use	5000.20
	e, Storage, Drugstore, Tavern, Etc.)
	Privy Holding Tank
Pomowles .	
I, the undersigned, attest that the information conformation (or Agent) Address (if different from above) APPLICANT PLEASE Note: Submit completed application and fee to: not start construction until all permits he be approved by the Zoning Department. A	Amount Paid: \$ 75.00 fd/ tained herein is accurate and true. COMPLETE REVERSE SIDE Zoning Department, Courthouse, Washburn, WI 54891. Do ave been received by the applicant. Changes in plans must a permit may be revoked if misrepresentation of any of the exist. Zoning Department: (715) 373-6138 or 373-6139.
I, the undersigned, attest that the information conformation (or Agent) Address (if different from above) APPLICANT PLEASE Note: Submit completed application and fee to: not start construction until all permits he be approved by the Zoning Department. A information conveyed herewith is found to	Amount Paid: \$ 9500 fd. tained herein is accurate and true. COMPLETE REVERSE SIDE Zoning Department, Courthouse, Washburn, WI 54891. Do ave been received by the applicant. Changes in plans must be permit may be revoked if misrepresentation of any of the
I, the undersigned, attest that the information confidence (or Agent) Land Time. Address (if different from above) APPLICANT PLEASE Note: Submit completed application and fee to: not start construction until all permits he be approved by the Zoning Department. A information conveyed herewith is found to — OF Permit issued:	Amount Paid: \$
I, the undersigned, attest that the information confidence (or Agent) Land Time. Address (if different from above) APPLICANT PLEASE Note: Submit completed application and fee to: not start construction until all permits he be approved by the Zoning Department. A information conveyed herewith is found to — OF Permit issued:	Amount Paid: \$
I, the undersigned, attest that the information conformation (or Agent) Address (if different from above) APPLICANT PLEASE Note: Submit completed application and fee to: not start construction until all permits he be approved by the Zoning Department. A information conveyed herewith is found to — OF Permit issued: Date	Amount Paid: \$ 95.00 ff. tained herein is accurate and true. COMPLETE REVERSE SIDE Zoning Department, Courthouse, Washburn, WI 54891. Do ave been received by the applicant. Changes in plans must a permit may be revoked if misrepresentation of any of the exist. Zoning Department: (715) 373-6138 or 373-6139. FICE USE ONLY— State Sanitary Number 3910—Permit Denied (Date)
I, the undersigned, attest that the information conformation (or Agent) Address (if different from above) APPLICANT PLEASE Note: Submit completed application and fee to: not start construction until all permits he be approved by the Zoning Department. A information conveyed herewith is found to - OF Permit issued: Date	Amount Paid: \$ 9500 fd, tained herein is accurate and true. COMPLETE REVERSE SIDE Zoning Department, Courthouse, Washburn, WI 54891. Do ave been received by the applicant. Changes in plans must a permit may be revoked if misrepresentation of any of the exist. Zoning Department: (715) 373-6138 or 373-6139. FICE USE ONLY— State Sanitary Number 3910 Permit Denied (Date)
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I, the undersigned, attest that the information conformation (or Agent) Address (if different from above) APPLICANT PLEASE Note: Submit completed application and fee to: not start construction until all permits he be approved by the Zoning Department. A information conveyed herewith is found to OF Permit issued: Date Date Date SITE ON Variance	Amount Paid: \$ 9500 fd, tained herein is accurate and true. COMPLETE REVERSE SIDE Zoning Department, Courthouse, Washburn, WI 54891. Do ave been received by the applicant. Changes in plans must a permit may be revoked if misrepresentation of any of the exist. Zoning Department: (715) 373-6138 or 373-6139. FICE USE ONLY— State Sanitary Number 3910 Permit Denied (Date)

- 1. Using the frontage road as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank, and drain field.
- 4. Show the location of any lake, river or stream if applicable.
- 5. Show dimensions in feet on the following:
 - a. building to all lot lines
 - b. building to centerline of road
 - c. building to lake, river, or stream
 - d. septic tank to closest lot line
 - e. septic tank to building
 - f. septic tank to well
 - g. septic tank to lake, river, or stream
 - h. drain field to closest lot line
 - i. drain field to building
 - j. drain field to well
 - k. drain field to lake, river, or stream
 - 1. well to building



SODER LYND & Frontage Road

Indicate whether or not the following locations are staked:

 Structure
 Yes
 No
 Drain Field
 No
 No

 Septic Tank
 NA
 Yes
 No
 Well
 Yes
 No

TO: BAYFIELD COUNTY ZONING COMMITTEE
FROM: <u>MaSon</u> town board
SUBJECT: TOWN BOARD RECOMMENDATION
We, the Town Board, Town of $MASON$, do hereby
recommend the $\langle \cdot $ approval [] disapproval of the issuance of a permit
to Larry Fischer whose property is located in the
(Name of applicant) $\frac{NW}{1/4}$ of the $\frac{NW}{1/4}$, Section $\frac{17}{4}$, Township $\frac{46}{4}$ North,
Range $\underline{\omega}$ West.
(State what applicant is requesting)
200 (BULL) .
Because Place Cabon or priparty which is Forester !
(State reason for recommendation of (approval) or disapproval)
Signed,
M a \sim \sim
- AAAAA
Chairman kull fulc
Supervisor Melin Lita
Supervisor Robert Moniga
clerk And Anabe
Dated: 6-13-95
(Note: When Town Board has completed this form, please mail to:
BAYFIELD COUNTY ZONING DEPT.
P.O. BOX 58
WASHBURN, WI 54891

Real Estate Bayfield County Property Listing

Today's Date: 10/11/2021

Property Status: Current

Created On: 3/15/2006 1:15:44 PM

Description	Updated: 2	2/5/2019

Tax ID: 23532

PIN: 04-032-2-46-06-17-2 02-000-10000

Legacy PIN: 032103308000

Map ID:

Municipality: (032) TOWN OF MASON

STR: S17 T46N R06W

Description: NW NW IN DOC 2018R-575880 294 (39 ACRES MFL-CLOSED 25 YRS-YR OF

ENTRY 2013)

Recorded Acres: 40.000 Calculated Acres: 40,418 Lottery Claims: 0 First Dollar: Yes

Zoning: (F-1) Forestry-1

ESN: 122

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
032	TOWN OF MASON
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 3/15/2006
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	

QUIT CLAIM DEED Date Recorded: 12/26/2018 2018R-575880

MFL TRANSFER ORDER

Date Recorded: 6/28/2019 2019R-578048

TRANSFER ON DEATH DEED

2019R-577608 Date Recorded: 5/30/2019

WARRANTY DEED

Date Recorded: 10/24/2011 2011R-540838 1070-696

CONVERSION

Date Recorded: 550-300;618-278

Updated: 1/3/2019

ANDREW M SCHNEIDER

BROOKLYN NY

Billing Address: ANDREW M SCHNEIDER

74 GRAHAM AVE UNIT 3R

BROOKLYN NY 11206

Mailing Address: ANDREW M SCHNEIDER

74 GRAHAM AVE

UNIT 3R

BROOKLYN NY 11206

Fite Address * indicates Private Road

20145 SODERLUND RD MASON 54856

Property Assessment	Updated: 4/22/2014			
2021 Assessment Detail				
Code	Acres	Land	Imp.	
G1-RESIDENTIAL	1.000	3,300	32,000	
W6-MFL - CLOSED AFTER 2004	39.000	64,000	0	
2-Year Comparison	2020	2021	Change	
Land:	67,300	67,300	0.0%	
Improved:	32,000	32,000	0.0%	

99,300

99,300

0.0%

Total:

Property History

Town, City, Village, State or Federal **Permits May Also Be Required**

I AND USF - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

21-0358

Issued To: Andrew Schneider

Location: 17 Mason Section **Township** Range W. Town of Subdivision CSM# Gov't Lot Block Lot

For: Residential Addition: [Adding a 2nd Story] Moving the (2) Bedrooms (36' x 20') = 720 sq. ft.]; Deck on Southside (12' x 15') = 150'. Height of 19'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. Get required UDC Inspections.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

October 27, 2021

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Address to send permit _

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

SEP 10 2021

Bayfield Co.

Permit #:	21-03/1	Real
Date:	9-26-21	
Amount Paid:	475,00 Cas 9/1012021	EDS
Other:		
Refund:		

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made p		ATT TO STATE OF THE STATE OF				Planning and a	Zoning	Agency	PALICE				/NI	O DENIGUI
DO NOT START CO	NSTRUCTIO	ON <u>UNTIL</u>	ALL PERMITS	HAVE BEEN I	SSUED TO	APPLICANT.	Origin	al Applicatio	n <u>MUST</u> be	submit	ted FII	LL OUT IN IN	K (N	O PENCIL)
TYPE OF PERMIT R	REQUESTE	D ->	LAND	USE 🗆	SANITAR	AND DESCRIPTION OF STREET		ONDITIONAL	CONTRACTOR OF THE PARTY OF THE	PECIAL	USE 🗆 I	B.O.A. 🗆 C	THER	
Owner's Names	1 1	3.10	Lina	erle	Mailing	Address:	10	91	City/State	Zip:	TA		Telepl	
Address of Property	V:	Juc	CV CV	3,	City	/State/Zip:	10	7	1000	yen	10.	100	_	-66601
1915; Co	oun	Tx to	Wy 2	\leq	\ \N	MASON		Ni.	548	56			Cell Pl	none:
Email: (print clear)	ly)	'l	C											
Contractor:	10				Contrac	tor Phone:		Plumber:					Plumb	er Phone:
24	1+													
Authorized Agent: Owner(s))	(Person Sign	ning Applic	ation on behalf	of	Agent P	hone:		Agent Mailing	Address (inc	clude City	/State/Zip):	.		en Authorization ired (for Agent)
					Тах	ID#					Recorded	Document: (S	howing	Ownership)
PROJECT LOCATION	egal Descr	ription:	(Use Tax Sta	tement)		380	2	2			2019	K_	57	9470
AILL OU	10.1	Gov	't Lot	Lot(s)	CSM \	/ol & Page C	SM Do	c# Lot	(s) # B	lock #	Subdivisi	on:		
/ NW1/4, NI	<u>W</u> 1/4													
Section	, Townsh	hip 4	N, Ran	ge Co	w	Town of:		1			Lot Size		Acr	eage
Section	_ , TOWIISI	P	IV, Kali	ge <u> </u>	_ 00		AS	SOM					C	22 Acres
	☐ Is Pro	perty/La	and within 3	00 feet of I	River, Stre	am (incl. Intermitte	ent)	Distance S	tructure is f	rom Sho	reline :	Is your Pro	-	Are Wetlands
☐ Shoreland	Creek o	r Landw	ard side of I	loodplain?	If y	escontinue –	—				feet	in Floodp Zone?		Present?
- Shoreland	ls Pro	perty/La	and within 1	000 feet of	7.50	nd or Flowage		Distance S	tructure is f	rom Sho		☐ Yes	5	□ Yes No
• /					іт у	escontinue -	—				feet	∀No		7140
Non- Shoreland														
Shoreland				1		Disable sealesses in Viscoui		77 10 10 10 10 10 10 10 10 10 10 10 10 10		Sit State of Seat				
Value at Time of Completion								Total # o			What Ty			Type of
* include		Projec	t	Proj		Project		bedroom	ns			ry System(s)		Water
donated time				# of St	ories	Foundatio	n	on propert	v			operty <u>or</u> e property?		on property
& material	New	Constr	uction	X 1-Sto	rv	☐ Basemen	t	1		unicipal	CONTRACTOR CONTRACTOR			☐ City
				☐ 1-Sto							itary Spe	ecify Type:		
	☐ Addi	tion/Al	teration	Loft	•	☐ Foundati	on	□ 2	ļ					_ □ Well
Conversion 2-St			□ 2-Stc				Exists) Sp	ecify Type:		X				
							C M	r 🗆 Vaulted (min 200 gallon)		- Won Q				
-	☐ Relocate (existing bldg) ☐			Use None Portable (w/s					200 gai	ion)				
	Prop		233 011			Year Rou	nd	None		mpost 7		ontract		
									₩ No	ne				
Eviating Staugetu		lista a als		atanan ta bat	na annliad	for) Length			Width:			Heigh	11.	
Proposed Const					ng applied	Length		2110	Width:		21	Heigh		101
			resolute o la susceptio				Material School	97		awii a ni asino				- 0
Proposed L	Jse	1				Proposed S	truct	ure			1	Dimensions		Square
			Principal	Structure	(first st	ucture on pro	nerty	<u> </u>			1	Х)	Footage
						ng shack, etc.)	perty				1	Х	,	2
N			11001010110	with Lo		.8 011010119 01019					1	Х)	
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Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

Fill Out in Ink - NO PENCIL

(4)(5) Show:

Show: All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*): (6)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Show any (*): (7)

(*) Wetlands; or (*) Slopes over 20%

	. ,		

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measureme	nts		Description	Setba Measurei	
Setback from the Centerline of Platted Road	230	Feet		Setback from the Lake (ordinary high-water mark)	NA	Feet
Setback from the Established Right-of-Way	DA 190	ງ Feet		Setback from the River, Stream, Creek	NIA	Feet
				Setback from the Bank or Bluff	NAH	Feet
Setback from the North Lot Line	0	Feet				
Setback from the South Lot Line	1040	Feet		Setback from Wetland	NA	Feet
Setback from the West Lot Line	500	Feet		20% Slope Area on the property	☐ Yes) No
Setback from the East Lot Line	100	Feet	183	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	410	Feet		Setback to Well	NONO	Feet
Setback to Drain Field	NIH	Feet			·	
Setback to Privy (Portable, Composting)	1011	Feet	4 8			
Drive to the placement or construction of a structure within ton (10) foot	of the minimum require	d cothock t	ha he	oundary line from which the sethack must be measured must be visible from on	a praviously supravar	corner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

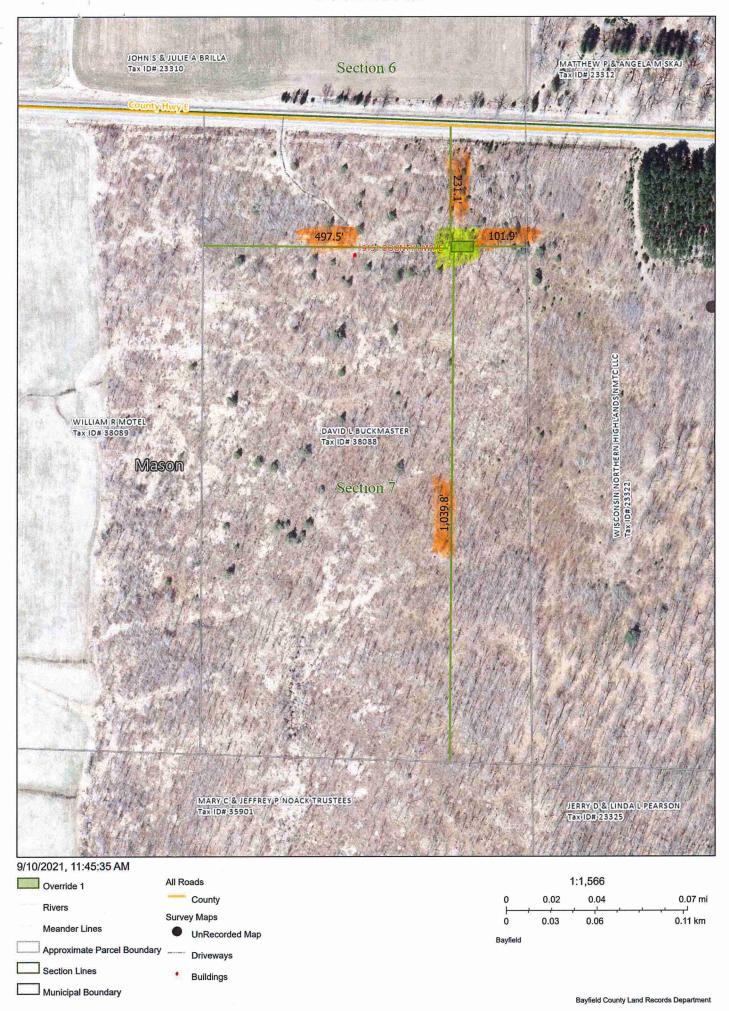
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 2/- 03//	Permit Date: 9-26	-2/				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes Yes	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required ☐ Yes ☐ No ☐ Yes ☑ No		
Granted by Variance (B.O.A.) ☐ Yes	APPROYOUR	Previously Granted by See No	Variance (B.O.A.) Case	#:		
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No	Were Property Lines Represented by Owner Was Property Surveyed Wes					
Inspection Record:				Zoning District (A-1)		
		Lakes Classification ()				
Date of Inspection: 9/21/21	Inspected by:			Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Atta Build as From S Wot for Huma If Pressurites Signature of Inspector:	ched? Yes No-(IF) en Habitation by Enter	No they need to be atta on sleeping	ched.) g re get Septie	perm. 75 Date of Approval:		
Offiaren				7/1/2/		
Hold For Sanitary: Hold For TBA: Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees: 🗌			

(@August 2021) @@January 2000

Buckmaster



Real Estate Bayfield County Property Listing

Today's Date: 9/10/2021

Property Status: Current

Updated: 11/8/2019
TANGENT OR

Created On: 11/8/2019 8:44:29 AM

Description		Updated: 11/8/2019
Tax ID:	38088	

PIN: 04-032-2-46-06-07-2 02-000-11000

Legacy PIN: Map ID:

Municipality: (032) TOWN OF MASON

STR: S07 T46N R06W
Description: E 1/2 NW NW 122

Recorded Acres: 0.000
Calculated Acres: 20.152
Lottery Claims: 0
First Dollar: No
ESN: 122

Tax Districts	Updated: 11/8/2019
1	STATE
04	COUNTY
032	TOWN OF MASON
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

	Recorded Documents	Updated: 11/8/2019
786	Recorded Documents	Opuacca, 11/0/2017

WARRANTY DEED

Date Recorded: 10/9/2019 2019R-579470

2	Ownership
DA	VID L BUCKMASTER

Billing Address: Mailing Address:

DAVID L BUCKMASTER
PO BOX 181

TANGENT OR 97389

Mailing Address:

DAVID L BUCKMASTER
PO BOX 181

TANGENT OR 97389

Site Address * indicates Private Road		Site Address	* indicates Private Road
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19151 COUNTY HWY E MASON 54856

Property Assessment		Updated:	3/16/2020
2021 Assessment Detail	n om den men die vloen in verwer in van de overlijk de om is de vij de vij de verde om eerstel onde	iki unmany anaha indi ikakaki inanananana kanahanana anakan awakan	
Code	Acres	Land	Imp.
5m-AGRICULTURAL FOREST	20.000	13,000	0
2-Year Comparison	2020	2021	Change
Land:	13,000	13,000	0.0%
Improved:	0	0	0.0%
Total:	13,000	13,000	0.0%

Property History	
Parent Properties	Tax ID
04-032-2-46-06-07-2 02-000-10000	23323

HISTORY Expand All History

White=Current Parcels

Pink=Retired Parcels

■ Tax ID: 23323 **Pin:** 04-032-2-46-06-07-2 02-000-10000 **Leg. Pin:** 032101301000

38088

This Parcel

1 Parents

Children

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – X
SANITARY – None on Property
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

21-0311 David Buckmaster Issued To: No. E ½ of the Location: **NW** ½ of **NW** ½ Township Mason Section 46 N. Range 6 W. Town of Gov't Lot Subdivision CSM# Lot Block

For: Residential Accy: [1-Story; Shed/Garage (24' x 12') = 288 sq. ft.] Height of 10'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. Not for Human Habitation or Sleeping. If pressurized H2O enters structure get septic permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

September 26, 2021

Date